PTO/SB/17 (10-08)

Approved for use through 08/30/2010 OMB 0851-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Date September 8, 2009

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FEE TRANSMITTAL				A E	Application Number 10/658,75			11
						September 10, 2003		
For FY 2009							nna LOHNING	
Applicant cla	Examiner Na	me	STEELE, AMBER D					
TOTAL AMOUNT OF PAYMENT (\$) 2350				Art Unit		1639		
TOTAL AMOUNT	Attomey Docket No. 00361-8006-US00							
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 50-2283 Deposit Account Name: PERKINS COIE LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  Credit any overpayments								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
Information and authorization on PTO-2038. FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
Application T		Small E	ntity	Small Entity		Small	Entity	Fees Paid (\$)
Utility	330	1001	5) Fee (: 540	5) Fee (\$) 27()	22	(\$) Fee		rees raid (\$)
1 '	220						-	
Design			100		14		0	
Plant	220		330	100	17		5	
Reissue	330	.05	540		65		-	
Provisional	220	110	0	0		0	0	
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)								
Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims							390	195
Total Claims Extra Claims Fee (\$) Fe				e Paid (\$)				pendent Claims
	0 or HP = nber of total claims p	x	=			Ē	ee (\$)	Fee Paid (\$)
Indep. Claims	e Paid (\$)		_					
- 3 or HP = X = HP = highest number of Independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Silects of inaction inervol. See 35 S.C. 4 ((a)) (10) and 37 CPT 1.10(5).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Paid (5)  -100 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-Finglish Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Extension of Time (5mths)								
AUDITOR DV. ((A) A)								
Signature Registration No. 40,244 Telephone 202-628-6600								
Signature	*CMUIT			(Attorney/Agent)	40,244		relephor	10 202-628-6600

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to fix and by the USPT10 process) an application. Confidentially is governed by \$ 1 U.S. C. 128 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPT0. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Child information Officer. U.S. Patient and Tradenark Office. U.S. Department of Commerce, P.O. Box 1450, Meximidia, VA. 22313-1450, D. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commission one for Patients, P.O. Box 1450, Meximidia, VA. 22313-1450.

Name (Print/Type) Paul M. Booth